



ESA Rochester - North
 2814 43rd St. NW
 Rochester, MN 55901
 Phone: 507-289-7444 Fax: 507-289-7448

MA-G

Arrival Date: 5/9/2009

Room: 317

Rate: \$59.99

Departure Date: 5/10/2009

Room Type: KING NS

267007678

Reserved rate guaranteed for at least 60 days from check in. Otherwise, rates are subject to change.

48 hour advance notice is required to extend beyond original departure date. Subject to availability.

Number of Adults: 1

Child/Children: 1

Guest Name: Michael Goodale

Confirmation Number: 45555

Address:

MASON CITY, IA 50401

Phone:

Company: Mayo Clinic

MICHAEL A GOODALE

Comments:

Email:

Internet Access Fee: Accept Decline

(Fee must be paid to Mayo Clinic)

Method of Payment:

 Cash
 Visa

 MasterCard
 Amex

 Direct Bill
 Diners Club

 JCB
 Discover

05 09 09

Month / Day / Year

Signature of Primary Guest

X
Signature of Secondary Guest

ESAH charges a non-refundable Pet Fee of \$25 per day, up to a maximum of \$150 per stay for a pet kept in a guest room. Acceptance of small, domestic pets is based on the discretion of the hotel management.

I (We) agree to the rate and above terms of my (our) reservation. I (We) am fully aware that I (we) will be held responsible for all room charges, incidentals and any damages to the room during my (our) stay. I (We) am fully aware that failure to adhere to Extended Stay America Hotels' (ESAH) policies or to meet my (our) payment obligations based on the above terms will result in immediate termination of my (our) stay.

I (We) authorize charges/debit entries to my (our) credit and/or debit card for all charges due. I (We) am aware that failure to register all occupants and pets of the above room could result in immediate termination of my (our) stay. I (We) acknowledge and agree that if any legal action, including unlawful detainer arises out of my (our) stay, the prevailing party will be entitled to recover reasonable attorney fees and expenses. Liability of ESAH for loss of money, jewelry or other valuables suffered by guests is limited by state law. If you are not familiar with this law, please refer to the notice posted in your room or ask a hotel employee. Safety deposit boxes are provided free of charge at the front desk. Access by authorized key holders is limited to office hours.

Room charges, incidental charges and applicable taxes are due weekly, in advance on _____ (day of the week). I (We) am fully aware that my rate is based on the length of my (our) stay, and understand that the rate may increase in the event I (we) depart earlier than the date noted above in the departure date.

Guest Initials: X MA-G

Vehicle Make: Chevy Avalanche Year: 2004 License Plate #: 7735912 State: Iowa

Automatic Credit Card Charge (Debit) Authorization

I, the undersigned, hereby authorize Extended Stay America Hotels (ESAH) to charge (debit) entries to my Credit Card Account indicated below for Weekly Rental and Occupancy Tax Payments and charges due in accordance with the Guest Agreement between ESAH and me dated _____. This authority shall remain in full force and effect until the first to occur of (a) ESAH's receipt of written notification from me of termination of this authorization, which shall be effective after all charges due and owing ESAH have been paid in full, or after arrangements satisfactory to ESAH have been made to pay amounts due ESAH in full, or (b) the termination of my Guest Agreement with ESAH in accordance with terms of that Agreement, after all charges due and owing ESAH have been paid in full, or arrangements satisfactory to ESAH have been made to pay amounts due ESAH in full. I agree that ESAH shall have no liability under this agreement whatsoever except to refund any amount incorrectly charged to my account.

TYPE CREDIT CARD: _____ ACCT. NUMBER: _____ EXP. DATE: _____

GUEST SIGNATURE: X MA-G TODAYS DATE: 05-09-09

Effective Today, I hereby give Extended Stay America written notice of the termination of this Automatic Credit Card Charge (Debit) Authorization.

GUEST SIGNATURE: X TODAYS DATE: _____

GOVERNMENT
 EXHIBIT
 16
 CR12-3011 LRR

05/09/09 4:55 PM

ESA Rochester - North
2814 43rd St. NW
Rochester, MN 55901

Property ID: 3529
Phone: 507-289-7444
Fax: 507-289-7448

Folio Receipt
As Of: 5/9/2009

Folio # 45555	
Goodale, Michael	
MASON CITY, IA 50401	
Company: Mayo Clinic	

Room: 317
Arrival: 5/9/2009
Departure: 5/10/2009

Trans #	Date	Description	Charges	Payments	Balance
705983	5/9/2009	CASH	\$0.00	\$66.59	(\$66.59)
				Balance:	(\$66.59)

Method of Pay: Credit Card

Signature: 

- Cardholder acknowledges receipt of goods and/or services in the amount of the total shown above and agrees to perform the obligations and terms in the cardholder agreement with the seller.

- The above rate is based on your length of stay as stated on this folio. Any variance to your actual departure date can result in a daily rate adjustment that will be reflected in total room charges on your final bill.

Folio Summary

Previous Balance:	\$0.00
Room Charges:	\$0.00
Other Charges/Credits:	\$0.00
Phone Charges:	\$0.00
Tax:	\$0.00
Less Payments:	\$66.59
Total Amount Due:	(\$66.59)

10/28/11 11:03 AM

ESA Rochester - North
2814 43rd St. NW
Rochester, MN 55901

NiteVision 2009 SP1 HF3

Property ID: 3529
Phone: 507-289-7444
Fax: 507-289-7448

Folio Receipt As Of: 10/28/2011

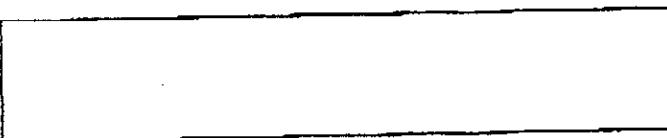
Folio # 45555
Goodale, Michael

MASON CITY, IA 50401
Company: Mayo Clinic

Room: 317
Arrival: 5/9/2009
Departure: 5/10/2009

Trans #	Date	Description	Charges	Payments	Balance
705983	5/9/2009	CASH	\$0.00	\$66.59	(\$66.59)
706188	5/9/2009	Rm: 317 BAR - NIGHTLY VALUE RATE	\$59.99	\$0.00	(\$6.60)
706189	5/9/2009	STATE ROOM TAX	\$3.90	\$0.00	(\$2.70)
706190	5/9/2009	LOCAL SALES TAX	\$0.30	\$0.00	(\$2.40)
706191	5/9/2009	CITY ROOM TAX	\$2.40	\$0.00	\$0.00
				Balance:	\$0.00

Method of Pay:

Signature: **Folio Summary**

Previous Balance:	\$0.00
Room Charges:	\$59.99
Other	\$0.00
Phone Charges:	\$0.00
Tax:	\$6.60
Less Payments:	\$66.59
Total Amount Due:	\$0.00

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